

## GPSC In-patient Care Incentive Implementation Steps

### 1 DOCUMENT OVERVIEW

The purpose of this document is to assist communities with getting ready to claim the General Practice Services Committee (GPSC) In-patient Care Incentives. For a complete overview of the four incentives available to community family physicians (FPs), including the criteria for each, refer to the **Physician Overview of In-patient Care** document.

In addition, there is a separate document entitled **Q&A GPSC In-patient Care Incentives** that answers many common questions related to the incentives. The document entitled **Scenarios for In-Patient Care** is intended to present some scenarios for how local divisions of family practice (DoFPs), or FPs in communities without a division, might choose to go about implementing the incentives locally. Based on the information above, communities wanting to claim one or more of the GPSC In-patient Care Incentives can follow the steps outlined below.

To streamline the question and setup process, it is requested that communities nominate a lead to submit questions and help with the readiness process. Questions can be directed to:

[inpatientcare@doctorsofbc.ca](mailto:inpatientcare@doctorsofbc.ca).

### 2 GETTING STARTED: STEPS FOR ALL COMMUNITIES

<b>A) Review the background material</b>	<p>All communities should familiarize themselves with the background documents outlined above to understand each incentive and the eligibility to claim the incentives.</p> <p>FPs/DoFPs cannot claim the GPSC In-patient Care Incentives until the setup processes outlined in this document are complete. FPs/DoFPs who submit claims for the Assigned In-patient Care Network Incentive (G14086) or the Unassigned In-patient Care Fee (G14088) before being setup will have their claims rejected by the Teleplan system.</p> <p>Some forms are to be submitted to Health Insurance BC (HiBC) and some forms are to be submitted to the GPSC In-patient Care Incentives Coordinator at Divisions Central. Pay close attention to the fax numbers on the bottom of forms to avoid delays in setup.</p>
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	<p>Communities will want to discuss how the incentives will be implemented locally with their membership and the regional health authority. GPSC representatives can assist communities with early discussion and questions as desired.</p>
<p><b>B) Decide how to administer the In-patient Care Incentives for the community</b></p>	<p>There are four GPSC In-patient Care Incentives available as outlined in the <b>Physician Overview of In-patient Care</b> document and summarized by incentive number below.</p> <p style="text-align: center;">GPSC In-patient Care Incentives for community-based FPs</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p><b>1</b></p> <p><b>Assigned Network</b></p> <p>\$2,100 / FP / qtr</p> <p>FP or DoFP Administration?</p> </div> <div style="text-align: center;"> <p><b>2</b></p> <p><b>Unassigned Network</b></p> <p>\$8,213/qtr - \$54,750/qtr based on unassigned volume</p> <p>FP Group or DoFP Administration?</p> </div> <div style="text-align: center;"> <p><b>3</b></p> <p><b>Unassigned In-patient Care Fee</b></p> <p>\$150 per unassigned in-patient</p> <p>FP or DoFP/FP Group Administration?</p> </div> <div style="text-align: center;"> <p><b>4</b></p> <p><b>Select MRP Fee Increases</b></p> <p>↑ 25% 13008 00127</p> <p>FPs bill directly</p> </div> </div> <p>Each community with a Division of Family Practice (DoFP) will be given the opportunity to administer the GPSC In-patient Care Incentives through the DoFP if they want to. Where no DoFP exists, or the DoFP does not want to administer the incentives, the collective of the family physicians (FPs) from the community will need to collaboratively decide how to proceed for the community.</p> <p>Regardless of whether a DoFP exists for the community it is intended that there will be broad engagement and discussion with the majority of community FPs delivering in-patient care, in order to best determine how to administer the in-patient care incentives.</p> <p>Each DoFP/group of FPs needs to first make three decisions related to administering the In-patient Care incentive funding.</p>

	<ol style="list-style-type: none"> <li>1. Will the Assigned In-patient Care Network Incentive (G14086) be administered through the DoFP or will individual FP Assigned In-patient Care Networks claim the incentive?</li> <li>2. Will the Unassigned In-patient Care Network Incentive (Level II adjustment) be administered through the DoFP or another FP group?</li> <li>3. Will the Unassigned In-patient Care Fee of \$150 (G14088) be billed by the DoFP/FP group or individual FPs participating in the Unassigned In-patient Care Network?</li> </ol> <p>Once the community has reached a majority consensus on how to proceed with these three questions, please email <a href="mailto:inpatientcare@doctorsofbc.ca">inpatientcare@doctorsofbc.ca</a> with those decisions. Emailing <a href="mailto:inpatientcare@doctorsofbc.ca">inpatientcare@doctorsofbc.ca</a> will help efficiently process the various forms and questions coming in from hundreds of physicians around the province.</p>
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### 3 SETUP OF THE ASSIGNED IN-PATIENT CARE NETWORK INCENTIVE (G14086)

At this point, the DoFP if it exists and the community of FPs have made a decision about how the Assigned In-patient Care Network Incentive will be administered. In communities without a DoFP, the community of FPs will need to make a collective decision about how to proceed with incentive administration. Follow either process **3.1** or **3.2** depending on the decision made.

#### 3.1 The community would like to have the individual FP Assigned In-patient Care Networks claim the incentive directly

For communities where the individual FP Assigned In-patient Care Network(s) will be claiming the incentive directly, the following setup steps are required. The Assigned In-patient Care Network(s) will often correspond closely with the FP call groups already in place.

##### 3.1.1 FP SETUP STEPS

<b>A) Each Assigned In-patient Care Network completes a registration form</b>	Each Assigned In-patient Care Network will submit a completed Assigned In-patient Care Network Registration form. A sample of this form is shown in section <b>6.1</b> and there can be multiple Assigned In-patient Care Networks for a community. In many cases the Assigned In-patient Care Networks will closely resemble the already existing call groups that are in place for the community. This form allows the
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	<p>Assigned In-patient Care Network to get set up administratively with Teleplan so that the Assigned In-patient Care Network Incentives can be claimed, either directly by FPs or through the division.</p> <p><b>Note:</b> The DoFP payee/billing number is not required where FPs will be claiming the Assigned In-patient Care Incentive directly and can be left blank.</p> <p>A blank form is available online: <a href="http://www.gpsc.bc.ca/what-we-do/longitudinal-care/in-patient-care">www.gpsc.bc.ca/what-we-do/longitudinal-care/in-patient-care</a></p>
<b>B) Submission of Assigned In-patient Care Incentive forms</b>	<p>In order to streamline the processing of the agreement and registration forms, it is helpful if each Assigned In-patient Care Network faxes in their forms together to the GPSC In-patient Care Incentives coordinator at Divisions Central in a group.</p> <p>Once the necessary setup has occurred on Teleplan, the GPSC In-patient Care Incentives coordinator will email or phone the network contact using the information provided on the form. The GPSC Assigned In-patient Care Incentive cannot be claimed prior to receiving this confirmation as the Teleplan system will only accept claims from Assigned In-patient Care Networks which are registered.</p>

### 3.1.2 FPs CLAIM THE ASSIGNED IN-PATIENT CARE NETWORK INCENTIVE

<b>A) Claiming the Assigned In-patient Care Network Incentive</b>	<p>Once the GPSC In-patient Care Incentives coordinator confirms that the Assigned In-patient Care Network(s) are setup on Teleplan through the process outlined in section <b>3.1.1</b> step C, each FP can begin billing the Assigned In-patient Care Network Incentive (G14086). This fee item will continue to be billed on a quarterly basis as applicable.</p>
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### 3.2 The community would like to have the Assigned In-patient Care Network Incentive administered through the DoFP

In order to administer the Assigned In-patient Care Network Incentive through the DoFP, the following steps need to be completed.

### 3.2.1 DoFP SETUP STEPS WHERE THE DoFP WILL BE ADMINISTERING THE ASSIGNED IN-PATIENT CARE INCENTIVE

<b>A) DoFP establishes a MSP billing/payee number</b>	<p>The division will need to establish a MSP billing/payee number with Health Insurance BC (HiBC) if it does not already have one. This is a simple one page form that only has to be set up once.</p> <p>This form is not available online and can only be obtained by emailing: <a href="mailto:inpatientcare@doctorsofbc.ca">inpatientcare@doctorsofbc.ca</a></p> <p>A sample of the form is contained in section <b>6.2</b>.</p>
<b>B) Teleplan direct deposit application</b>	<p>In order for Teleplan to be able to make payments to the DoFP, the MSP billing/payee number must be linked to banking information. A sample of the form is contained in section <b>6.3</b>. A blank form is available online: <a href="http://www.health.gov.bc.ca/exforms/mspprac/2832fil.pdf">www.health.gov.bc.ca/exforms/mspprac/2832fil.pdf</a></p>
<b>C) Acquire Teleplan software</b>	<p>In order to submit the Assigned In-patient Care Incentive, the DoFP will need Teleplan software. Most FPs in the community will have existing Teleplan software and could advise the DoFP on the best one to use.</p>
<b>D) Application for Teleplan Service – Opted In</b>	<p>The DoFP will need to complete an application for Teleplan service which is a simple one page form that only has to be set up once. A sample of the form is contained in section <b>6.4</b>.</p> <p>A blank form is available online: <a href="http://www.health.gov.bc.ca/exforms/mspprac/2820fil.pdf">www.health.gov.bc.ca/exforms/mspprac/2820fil.pdf</a></p>
<b>E) Submission of the Teleplan setup forms</b>	<p>The DoFP can submit these first forms to HiBC as a group together. The DoFP should call HiBC five to ten business days after submission to confirm that the setup has been completed.</p>

### 3.2.2 DoFP / FP SETUP STEPS

<b>A) Each FP completes an Assignment of Payment form</b>	<p>The DoFP will need to ask each FP from the community that participates in an Assigned In-patient Care Network to sign an Assignment of Payment form which allows the DoFP to claim the incentives on behalf of the FP. This is a simple one page form per FP that only needs to be set up once every several years. A sample of the</p>
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	<p>form is contained in section <b>6.5</b>. A blank form is available online: <a href="http://www.health.gov.bc.ca/exforms/mspprac/2870fil.pdf">www.health.gov.bc.ca/exforms/mspprac/2870fil.pdf</a></p> <p>The Assignment of Payment form requires the DoFP billing/payee number before they can be sent in as part of the DoFP setup steps. In order to streamline the setup process, it is helpful if the DoFP sends the Assignment of Payment forms into Health Insurance BC (HiBC) as a group together.</p>
<p><b>B) Each Assigned In-patient Care Network completes a registration form</b></p>	<p>Each Assigned In-patient Care Network will submit a completed Assigned In-patient Care Network Registration form. A sample of this form is shown in section <b>6.1</b> and there can be multiple Assigned In-patient Care Networks for a community.</p> <p>A blank form is available online: <a href="http://www.gpscbc.ca/what-we-do/longitudinal-care/in-patient-care">www.gpscbc.ca/what-we-do/longitudinal-care/in-patient-care</a></p> <p>In many cases the Assigned In-patient Care Networks will closely resemble the already existing call groups that are in place for the community. The purpose of this form is for the Assigned In-patient Care Network to get set up administratively with Teleplan so that the Assigned In-patient Care Network Incentive can be claimed, either directly or through the division.</p> <p>In this case the DoFP will be administering the Assigned In-patient Care Incentives, so tick the "DoFP/FP Group" box under who will bill the Assigned In-patient Care Network Incentive.</p> <p><b>Note:</b> (1) Be sure to include the DoFP billing/payee number that was obtained as part of section <b>3.2.1</b> step A. (2) Confirm with family physicians during the setup that it is their MSP Practitioner Number that is required not their college practitioner number.</p>

<b>C) Submission of Assigned In-patient Care Incentive Forms</b>	<p>In order to streamline the processing of the Assigned In-patient Care Agreement and Registration forms, it is helpful if each Assigned In-patient Care Network faxes in their forms together to Division Central in a group.</p> <p>Once the necessary setup has occurred on Teleplan, the GPSC In-patient Care Incentives coordinator will email or phone the network contact using the information provided on the form. GPSC In-patient Care Incentives cannot be claimed prior to receiving this confirmation as the Teleplan system will only accept claims from Assigned In-patient Care Networks which are registered.</p>
<b>D) Determining the funding level for the Assigned In-patient Care Network locally</b>	<p>The DoFP board will need to work with its FP membership to determine a set of rules for the amount of funding that each FP will receive for the Assigned In-patient Care Network Service.</p>

### 3.2.3 CLAIMING THE INCENTIVES AND PAYING FPs

<b>A) Claiming the Assigned In-patient Care Network Incentive</b>	<p>Once the GPSC In-patient Care Incentives coordinator confirms that the Assigned In-patient Care Network is setup on Teleplan as outlined in section 0 step D, the DoFP can begin billing the Assigned In-patient Care Network Incentive (G14086). The DoFP will need to submit the Assigned In-patient Care Network Incentive (G14086) fee for each FP and track when the payment is made through the standard Teleplan process. This fee item will continue to be billed on a quarterly basis as applicable.</p>
<b>B) Paying FPs for Assigned In-patient Care Network participation</b>	<p>The DoFP will need to establish a process to make the Assigned In-patient Care Network Incentive payments to their FP members once the payments have been made from Teleplan to the DoFP.</p>

#### 4 SETUP OF THE UNASSIGNED IN-PATIENT CARE NETWORK INCENTIVE

At this point the DoFP, if it exists, and the community of FPs have made a decision about how the Unassigned In-patient Care Network Incentive will be administered. In communities without a DoFP, the community of FPs will need to make a collective decision about how to proceed with incentive administration. Due to the nature of this incentive being a quarterly lump sum, it will be necessary for either the DoFP or the FP group to collectively administer the incentive.

##### 4.1.1 DoFP / FP GROUP SETUP STEPS FOR THE UNASSIGNED IN-PATIENT CARE NETWORK INCENTIVE

<b>A) DoFP or FP Group establishes a MSP billing/payee number</b>	<p>Either the DoFP or a FP group participating in the Unassigned In-patient Care Network will need to establish a MSP billing/payee number with Health Insurance BC (HiBC) if it does not already have one. This is a simple one page form that only has to be set up once. This form is not available online and can only be obtained by emailing: <a href="mailto:inpatientcare@doctorsofbc.ca">inpatientcare@doctorsofbc.ca</a></p> <p>A sample of the form is contained in section <b>6.2</b>.</p> <p><b>Note:</b> This step may have already been done as part of the Assigned In-patient Care Network administration. In some communities without a DoFP, the community of FPs may have already established a shared payee number, for example as part of the Rural Emergency Enhancement Fund (REEF) process. In the event that the DoFP or the FP group already has a payee number to send the Unassigned Network Incentive to, this setup process is not required.</p>
<b>B) Teleplan direct deposit application</b>	<p>In order for Teleplan to be able to make payment to the DoFP or the FP Group, the MSP billing/payee number must be linked to banking information. A sample of the form is contained in section <b>6.3</b>. A blank form is available online: <a href="http://www.health.gov.bc.ca/exforms/mspprac/2832fil.pdf">www.health.gov.bc.ca/exforms/mspprac/2832fil.pdf</a></p> <p><b>Note:</b> This step is only required if a new MSP billing/payee number is being setup as part of the step above.</p>
<b>C) Acquire Teleplan</b>	<p>Teleplan software is required in order to directly communicate with</p>



<b>software</b>	<p>the Teleplan system electronically. In order to submit the Unassigned In-patient Care Fee, the DoFP or FP group will need Teleplan software. Most FPs in the community will have existing Teleplan software and could advise the DoFP or FP Group on the best one to use.</p> <p><b>Note:</b> For DoFPs / FP groups who will not be administering either the Assigned In-patient Care Network Incentive (G14086) or the \$150 Unassigned In-patient Care Fee (G14088) as they are allowing FPs to bill these directly, they may not require this software. The quarterly Unassigned In-patient Care Network Incentive will be deposited directly into the DoFP or FP group bank account. What is lost by not having the Teleplan software is that the DoFP/FP Group will not receive a Teleplan notification of deposit.</p>
<b>D) Application for Teleplan Service – Opted In</b>	<p>The DoFP or FP group will need to complete an application for Teleplan service which is a simple one page form that only has to be set up once. A sample of the form is contained in section <b>6.4</b>. As per the note in the Teleplan software acquisition in step C above, this service may not be required.</p> <p>A blank form is available online:  <a href="http://www.health.gov.bc.ca/exforms/mspprac/2820fil.pdf">www.health.gov.bc.ca/exforms/mspprac/2820fil.pdf</a></p>
<b>E) Submission of the Teleplan setup forms</b>	<p>The DoFP can submit these first forms to HiBC as a group together. The DoFP should call HiBC five to ten business days after submission to confirm that the setup has been completed.</p>

#### 4.1.2 DoFP / FP GROUP UNASSIGNED IN-PATIENT CARE NETWORK SETUP STEPS

<b>A) The network completes a Unassigned In-patient Care Network Registration form</b>	<p>In most communities there is a single Unassigned In-patient Care Network delivering Unassigned In-patient Care Services. There may be some unique circumstances that necessitate more than one Unassigned In-patient Care Network such as a free standing hospice. In the event that there are multiple Unassigned In-patient Care Networks due to special circumstances, please email:  <a href="mailto:inpatientcare@doctorsofbc.ca">inpatientcare@doctorsofbc.ca</a> with the unique circumstance details</p>
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	<p>to ensure the correct setup.</p> <p>A sample of the Unassigned In-patient Care Network Registration form is shown in section <b>6.6</b>. The purpose of this form is for the Unassigned In-patient Care Network FPs to get set up administratively with Teleplan so that the Unassigned In-patient Care Incentives can be claimed.</p> <p>A blank form is available online: <a href="http://www.gpsc.bc.ca/what-we-do/longitudinal-care/in-patient-care">www.gpsc.bc.ca/what-we-do/longitudinal-care/in-patient-care</a></p> <p>Note: Confirm with family physicians during the setup that it is their MSP Practitioner Number that is required not their college practitioner number.</p>
<b>B) Submission of Unassigned In-patient Care Network form</b>	<p>In order to streamline the processing of the agreement and registration forms, it is helpful if the Unassigned In-patient Care Network faxes in their service verification forms and the Unassigned In-patient Care Network Registration form together to the GPSC In-patient Care Incentives Coordinator at Divisions Central in a group. Once the necessary setup has occurred on Teleplan, the GPSC In-patient Care Incentives coordinator will email or phone the network contact using the information provided on the form. The GPSC Unassigned In-patient Care Incentives cannot be claimed prior to receiving this confirmation as the Teleplan system will only accept claims from Unassigned In-patient Care Networks which are registered.</p>
<b>C) Determining the FP funding level for the Unassigned In-patient Care Network locally</b>	<p>The DoFP or FP group will need to work with FPs from the community to determine a set of rules for the amount of funding that each FP will receive for the Unassigned In-patient Care Network Service. The overall level of Unassigned In-patient Care Network funding for a particular hospital is outlined in the <b>Q&amp;A GPSC In-patient Care Incentives</b> document.</p>

#### 4.1.3 RECEIVING THE UNASSIGNED IN-PATIENT CARE NETWORK INCENTIVE QUARTERLY

<b>A) Teleplan payment of the Unassigned In-patient Care Network incentive</b>	The quarterly Unassigned In-patient Care Incentive will be sent to the MSP payee/billing number entered on the Unassigned In-patient Care Registration form, where an incentive is applicable.
<b>B) Paying FPs participating in the Unassigned In-patient Care Network</b>	The administrator of the Unassigned In-patient Care Network will need to make payments to the FP associates participating in the Unassigned In-patient Care Network according to the rules determined in section 4.1.2 step D.

### 5 SETUP TO RECEIVE THE UNASSIGNED IN-PATIENT CARE FEE OF \$150 PER UNASSIGNED IN-PATIENT (G14088)

In order for either FPs or DoFP/FP groups to be able to bill the Unassigned In-patient Care Fee of \$150 (G14088), the FPs must be registered as part of the Unassigned In-patient Care Network as outlined in section 4.1.2.

#### 5.1 FPs will directly claim the Unassigned In-patient Care Fee

<b>A) Tick Individual FPs on the Unassigned In-patient Care Registration form</b>	In the event that the individual FPs will be billing the Unassigned In-patient Care Fee directly, tick the individual FPs box in the "Who will bill the Unassigned In-patient Care Fee of \$150" question on the Unassigned In-patient Care Network Registration form.
<b>B) Billing the fee directly by FPs</b>	Once the Unassigned In-patient Care Network Registration process is complete and confirmed by the GPSC In-patient Care Incentives coordinator, the billing of the Unassigned In-patient Care Fee can begin directly by FPs.

#### 5.2 DoFP/FP group will claim the Unassigned In-patient Care Fee





<b>A) Tick Network on the Unassigned In-patient Care Registration form</b>	In the event that DoFP or the FP group will be billing the Unassigned In-patient Care Fee on behalf of FP members, tick the DoFP/FP group box in the "Who will bill the Unassigned In-patient Care Fee of \$150" question on the Unassigned In-patient Care
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	Network Registration form.
<b>B) Complete Assignment of Payment forms</b>	<p>The DoFP/FP group will need to ask each FP from the community that participates in an Unassigned In-patient Care Network to sign an Assignment of Payment form which allows the DoFP to claim the incentives on behalf of the FP. This is a simple one page form per FP that only needs to be set up once every several years. A sample of the form is contained in section <b>6.5</b>. A blank form is online: <a href="http://www.health.gov.bc.ca/exforms/mspprac/2870fil.pdf">www.health.gov.bc.ca/exforms/mspprac/2870fil.pdf</a></p> <p>The Assignment of Payment forms require the Principle Practitioner Payment Number before they can be sent in as obtained in the DoFP setup steps. In order to streamline the setup process, it is helpful if the DoFP send the Assignment of Payment forms into Health Insurance BC (HiBC) as a group where possible.</p>
<b>C) Billing the Unassigned In-patient Care Fee through the DoFP/group of FPs</b>	<p>Once the Unassigned In-patient Care Network Registration process is complete and confirmed by the GPSC In-patient Care Incentives coordinator, and the Assignment of Payment forms are confirmed by HiBC, the billing of the \$150 Unassigned In-patient Care Fee (G14088) can begin by the DoFP/group of FPs.</p> <p>The DoFP/group of FPs will need to work closely with individual FPs to ensure that all appropriate \$150 Unassigned In-patient Care Fees (G14088) are billed.</p> <p>The DoFP/group of FPs will need to determine a mechanism for determining when and how frequently to distribute funding to their FP members.</p>

## 6 SAMPLE FORMS

### 6.1 Sample Assigned In-patient Care Registration Form

A blank Assigned In-patient Care Registration form can be found on the GPSC website:  
[www.gpscbc.ca/what-we-do/longitudinal-care/in-patient-care](http://www.gpscbc.ca/what-we-do/longitudinal-care/in-patient-care).

				<b>Assigned In-patient Care Network Registration form</b> Last revised: April 2, 2013
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The term "Assigned In-patient" is used in this context to denote those patients whose family physician (FP) has:

- Accepted most responsible physician (MRP) status for their care while resident in the community, and
- Active privileges at the acute care facility in which the patient has been admitted and follows the rules and by-laws of the health authority.

The General Practice Services Committee (GPSC) Assigned In-patient Care Network Incentive is applicable to FPs with a community practice who are delivering assigned in-patient care services and meet the criteria outlined on the GPSC web site at: [www.gpscbc.ca](http://www.gpscbc.ca). In order to register for the Assigned In-patient Care Network Incentive, each FP must be listed on this form and a new form must be submitted if membership in the network below changes. In addition, each FP must have completed and signed an Assigned In-patient Care Agreement form.

Division of Family Practice (if applicable):	
City/Town/Community of the network:	
Hospital the network is associated with:	
Who will bill the Assigned In-patient Care Network Incentive (G14086)? Tick only one box.	DoFP/FP group: <input type="checkbox"/> Individual FPs: <input type="checkbox"/>
DoFP or FP group payee/billing number (if applicable):	

For each FP participating in assigned in-patient care for the hospital, please complete the following information. If completing this form electronically, expand this table to as many rows as is required. If completing this form non-electronically, please complete additional pages as required to list all the network associates.


Name of the network associate (please print legibly)	MSP practitioner number	MSP payee/billing number	Email or fax

Date submitted:	
Network contact name:	
Network contact phone number:	
Network contact email:	

**Submit to:** GPSC In-patient Care Incentives coordinator at Divisions Central via fax: 604-638-2916

## 6.2 Sample Application for DoFP Billing/Payee Number

A blank application for additional payment number form is only available if required by emailing [inpatientcare@doctorsofbc.ca](mailto:inpatientcare@doctorsofbc.ca)

	<b>BRITISH COLUMBIA</b> Health Insurance BC <small>The Best Place on Earth</small>	<b>APPLICATION FOR ADDITIONAL PAYMENT NUMBER</b>
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**SECTION A: PERSONAL DATA**

YOUR MSP PRACTITIONER NUMBER	CURRENT FULL NAME OR GROUP NAME <i>Name of GP lead for DoFP Payee Number</i>
YOUR CURRENT MSP PAYMENT NUMBER(S)	
MAILING ADDRESS AND POSTAL CODE OF CURRENT MSP PAYMENT NUMBER	

**SECTION B: REASON FOR REQUEST**

1	<input type="checkbox"/> OPENING NEW OFFICE	NAME/ADDRESS, CITY AND POSTAL CODE
2	<input checked="" type="checkbox"/> ESTABLISHING GROUP OR COMMON PAYMENT NUMBER	ORGANIZATION/GROUP NAME <i>Division of Family Practice Name</i>
3	<input type="checkbox"/> INCORPORATING - ATTACH COPY OF APPROVAL LETTER FROM THE COLLEGE OF PHYSICIANS AND SURGEONS OF BC	
4	<input type="checkbox"/> DIAGNOSTIC FACILITY CERTIFICATE OF APPROVAL - ATTACH COPY OF APPROVAL LETTER	
5	<input type="checkbox"/> OTHER	REASON <i>To process GPSC in-patient care incentives</i>

**SECTION C: PAYMENT**

INDICATE THE TYPE OF PAYMENT MODALITY		
<input checked="" type="checkbox"/> FEE FOR SERVICE	<input type="checkbox"/> ALTERNATIVE PAYMENT PROGRAM CONTRACT	<input type="checkbox"/> CONTRACT THROUGH HEALTH AUTHORITY
<input type="checkbox"/> OTHER - STATE REASON:		
TO APPLY FOR DIRECT BANK PAYMENT FROM MSP BC, PLEASE ATTACH A BLANK VOID CHEQUE		

**SECTION D: WEB/TELEPLAN (IF APPLICABLE)**

DATA CENTRE NUMBER (WHEN JOINING EXISTING SITE)
<i>Fill in if appropriate</i>

**SECTION E**

EFFECTIVE DATE OF ADDITIONAL PAYMENT NO.	RESPONSIBLE PRACTITIONER'S MSP NUMBER	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
MM DD YYYY <i>01 01 2013</i>	<i>As above</i>		
NAME OF RESPONSIBLE PRACTITIONER (PRINT OR TYPE)		SIGNATURE OF RESPONSIBLE PRACTITIONER	
<i>As above</i>			
EMAIL ADDRESS			
<i>DoFP Admin email</i>			


  

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7  
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 Fax: 250 405-3592

HLTH 2076 REV. 2009/10/08

A blank Teleplan Direct Deposit Application form can be found on the MoH website at:

[www.health.gov.bc.ca/exforms/mspprac/2832fil.pdf](http://www.health.gov.bc.ca/exforms/mspprac/2832fil.pdf)

 <div style="display: inline-block; vertical-align: middle;"> <b>BRITISH COLUMBIA</b>          Health InsuranceBC       </div>	<b>APPLICATION FOR DIRECT BANK PAYMENT FROM MEDICAL SERVICES PLAN (MSP) or REQUEST FOR CHANGE OF BANKING INFORMATION</b>
---	--

**PERSONAL DATA**

Your MSP Payment Number

RESERVED PAYMENT NUMBER

(Note: Show either the GROUP or PHYSICIAN payment number)

Surname or Group Name

(Please Print)

Initials

**AUTHORIZATION FOR DIRECT BANK PAYMENT FROM MSP**

I hereby authorize MSP to make direct bank payment to me in the account indicated.

Applicant's Signature

Date

Telephone

Attach a blank sample cheque from the financial institution where you bank, make sure the cheque is fully MICRO-ENCODED with **BRANCH, INSTITUTION** and **ACCOUNT NUMBERS**.

**PAYMENT DATA**

Branch Number

(must be 5 digits)

Note: Payment Data will be used for Direct Bank Payment.  
Please be sure that all digits, including zeros, "0" are given.

Institution Number

(must be 3 digits)

Account Number

Institution / Bank Name

Branch Name

Street Address

City

Province

Postal Code

Telephone

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7  
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3592 Web: [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca)

HLTH 2832 REV. 2012/07/03


PRINT

RESET

## 6.4 Application for Teleplan Service

A blank Application for Teleplan Service form can be found on the MoH website at:

[www.health.gov.bc.ca/exforms/mspprac/2820fil.pdf](http://www.health.gov.bc.ca/exforms/mspprac/2820fil.pdf)

		<b>APPLICATION FOR TELEPLAN SERVICE</b>	
<b>MAILING ADDRESS:</b> PLEASE <u>PRINT</u> YOUR NAME AND ADDRESS CLEARLY INCLUDING POSTAL CODE		<b>FOR MSP USE ONLY</b>	
NAME: <input style="width: 90%;" type="text"/>		USER ID: <input style="width: 80%;" type="text"/>	
ADDRESS: <input style="width: 90%;" type="text"/>		DATA CENTRE NO.: <input style="width: 80%;" type="text"/>	
CITY: <input style="width: 30%;" type="text"/>	POSTAL CODE: <input style="width: 20%;" type="text"/>	DEFAULT PASSWORD: <input style="width: 80%;" type="text"/>	
PHONE NO.: <input style="width: 40%;" type="text"/>		DATE PROCESSED: <input style="width: 80%;" type="text"/>	
ORGANIZATION NAME (if different from above): <input style="width: 50%;" type="text"/>		TSO: <input style="width: 80%;" type="text"/>	
CONTACT PERSON: <input style="width: 50%;" type="text"/>			
<b>TYPE OF FACILITY</b>			
<input type="checkbox"/> HOSPITAL <input type="checkbox"/> PRACTITIONER <input type="checkbox"/> SERVICE BUREAU <input type="checkbox"/> VENDOR <input type="checkbox"/> CLINIC			
<b>TELEPLAN CLAIM SUBMISSION INFORMATION</b>			
<b>DATA CENTRE INFORMATION</b>			
<b>NEW DATA CENTRE</b>	OR	<b>JOINING EXISTING DATA CENTRE</b>	OR
NAME: <input style="width: 80%;" type="text"/>		NAME: <input style="width: 80%;" type="text"/>	
CONTACT: <input style="width: 80%;" type="text"/>		DATA CENTRE NO.: <input style="width: 80%;" type="text"/>	
		DATA CENTRE NO.: <input style="width: 80%;" type="text"/>	
<b>SYSTEM</b>			
<b>HARDWARE</b>			
MAKE/MODEL OF COMPUTER: <input style="width: 90%;" type="text"/>			
MAKE/MODEL OF MODEM: <input style="width: 50%;" type="text"/>			
		<input type="checkbox"/> INT	SPEED: <input style="width: 20%;" type="text"/>
		<input type="checkbox"/> EXT	
<b>BILLING/BUSINESS SOFTWARE (must be MSP tested and approved)</b>			
SOFTWARE NAME: <input style="width: 90%;" type="text"/>			
VENDOR: <input style="width: 50%;" type="text"/>		SUPPLIER: <input style="width: 50%;" type="text"/>	
I MAKE APPLICATION TO UTILIZE THE TELEPLAN CLAIMS SUBMISSION SERVICE WITH THE FULL UNDERSTANDING OF, AND AGREEMENT WITH, THE REGULATIONS TO THE <i>MEDICAL SERVICE ACT</i> .			
APPLICANT'S SIGNATURE: <input style="width: 150px;" type="text"/>		DATE: <input style="width: 100px;" type="text"/>	
		MSP PAYEE NUMBER NOTE: AN APPLICATION FORM IS REQUIRED FOR EVERY PAYEE NUMBER	
Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7 Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3592 Web: <a href="http://www.hibc.gov.bc.ca">www.hibc.gov.bc.ca</a> HLTH 2820 Rev. 2010/12/06			
<input type="button" value="PRINT"/>		<input type="button" value="RESET"/>	



## 6.5 FP ASSIGNMENT OF PAYMENT FORM TO THE DOFP

A blank Application for Teleplan Service form can be found on the MoH website at:

[www.health.gov.bc.ca/exforms/mspprac/2870fil.pdf](http://www.health.gov.bc.ca/exforms/mspprac/2870fil.pdf)

*Need Division Payee # before starting these*

**BRITISH COLUMBIA** | Health InsuranceBC  
The Best Place on Earth

**ASSIGNMENT OF PAYMENT  
DUE TO PRACTITIONER  
UNDER THE MEDICAL SERVICES PLAN**

**APPLICATION MUST BE COMPLETED IN FULL**

*Assigning Physicians name & form for each Division MD)*  
Locum Name \_\_\_\_\_

hereby assign to *Divisions' MRP - 10 (5) Names*  
Practitioner Name \_\_\_\_\_

any and all sums of money that shall on and after the date of the signing of this Assignment that is owing to me by the Medical Services Commission of British Columbia and billed by or for me in an approved claim format bearing my personal practitioner number, *Assigning Division Dis #*  
Locum Practitioner Number \_\_\_\_\_, and the assignee's Payment Number *Division #*  
Practitioner Payment Number \_\_\_\_\_

The Commission is hereby authorized to pay all such sums directly to Payment Number *same*  
Practitioner Payment Number \_\_\_\_\_

at and address the Assignee may from time to time designate, with payment of any such sum to be sufficient discharge to the Commission of and from any indebtedness in that amount to the Assignor, his/her heirs, executors, or administrators.

THIS AGREEMENT is to remain in full force and effect for all claims submitted with Assignees Payment Number, *Same #*  
Practitioner Payment Number \_\_\_\_\_, and my Personal Practitioner Number, *Same #*  
Locum Practitioner Number \_\_\_\_\_

from *Start contract date*  
Effective Date (Month / Day / Year) \_\_\_\_\_ to *2.5 years*  
Expiry Date (Month / Day / Year) \_\_\_\_\_

I will submit written notification to the Commission of the cancellation of this assignment should the cancellation precede the date specified above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*Division Physicians (assigning)*  
Signature of ASSIGNOR (LOCUM) \_\_\_\_\_ *Anyone*  
Signature of WITNESS \_\_\_\_\_

*Most Responsible Division Physician(s)*  
Signature of PAYEE \_\_\_\_\_

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7  
Tel: (Lower Mainland) 604-456-6950, (Rest of BC) 1-866-456-6950, Fax: 250-465-3582 Web: [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca)  
MLTH 2870 Rev. 2010/12/06

A blank Unassigned In-patient Care Network Registration form can be found on the GPSC website at: [www.gpsc.bc.ca/what-we-do/longitudinal-care/in-patient-care](http://www.gpsc.bc.ca/what-we-do/longitudinal-care/in-patient-care).





**Unassigned In-patient Care Network  
Registration Form** Last revised: Mar 28, 2013

The term "Unassigned In-patient" is used in this context to denote those patients whose family physician (FP) does not have admitting privileges in the acute care facility in which the patient has been admitted.

The General Practice Services Committee (GPSC) Unassigned In-patient Care Incentives are applicable to FPs with a community practice who are delivering unassigned in-patient care services and meet the criteria outlined on the GPSC web site at: [www.gpsc.bc.ca](http://www.gpsc.bc.ca). In order to register for the Unassigned In-patient Care Incentives, each FP must be listed on this form and a new form must be submitted if membership in the network below changes. In addition, each FP must have completed and signed the Unassigned In-patient Care Service Verification form.

Division of Family Practice (if applicable):	
City/Town/Community of the network:	
Hospital the network is associated with:	
MSP billing/payee number for the quarterly unassigned network incentive (if applicable):	
Who will bill the Unassigned In-patient Care Fee of \$150 (G14088)? Tick only one box.	DoFP/FP group: <input type="checkbox"/> Individual FPs: <input type="checkbox"/>

For each FP participating in unassigned in-patient care for the hospital, please complete the following information. If completing this form electronically, expand this table to as many rows as is required. If completing this form non-electronically, please complete additional pages as required to list all the network associates.

[illegible]

Date submitted:	
Network Contact name:	
Network Contact phone number:	
Network Contact email:	

**Submit to:** GPSC In-patient Care Incentives coordinator at Divisions Central via fax: 604-638-2916